



Your social security number

You must meet the following requirements to use this form:

- You are a part-year resident of DC;
- You are filing a part-year DC D-40 return; and
- You were eligible to claim the child and dependent care credit on your federal return.

First name										M.I.		Last name																	
Social security number										Relationship to you										Date of birth (MMDDYYYY)									
Lived in your household from MMDDYY to MMDDYY																													

First name										M.I.		Last name																	
Social security number										Relationship to you										Date of birth (MMDDYYYY)									
Lived in your household from MMDDYY to MMDDYY																													

First name															M.I.		Last name																	
Social security number										Relationship to you															Date of birth (MMDDYYYY)									
Lived in your household from MMDDYY to MMDDYY																																		

First name										M.I.		Last name																	
Social security number										Relationship to you										Date of birth (MMDDYYYY)									
Lived in your household from MMDDYY to MMDDYY																													

If you need to list additional dependents, attach a statement with the same information for them.

M	M	D	D		M	M	D	D

Round cents to the nearest dollar.
If the amount is zero, leave the line blank.

1 \$.00

2 \$.00

3 0.

4 \$.00

5 \$.00

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Revised 08/09

Enter your social security number.

Round cents to
the nearest dollar.

6	Total expenses paid	\$.00
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